PART B - FEE(S) TRANSMITTAL

AUG 2 8	5 2009	ther with applicabl	or <u>Fax</u>	Commissioner 10 P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents inia 22313-1450	Ź	
INSTRUCTIONS: This appropriate All further indicated unless parties maintenance for neutral	s form stould be used correspondence includi sector or directed of	for transmitting the ISS ng the Patent, advance of herwise in Block I, by (UE FEE and PUBLIC orders and notification (a) specifying a new co	ATION FEE (if requ of maintenance fees v errespondence address	ired). Blocks I through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed whe t correspondence address arate "FEE ADDRESS" for	
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Michael B. At Unisys Corpora Unisys Way, M	lass tion S/E8-114			hereby certify that the States Postal Service vaddressed to the Mai ransmitted to the USP	tificate of Mailing or Tran. is Fcc(s) Transmittal is bein vith sufficient postage for fit Stop ISSUE FEE address TO (571) 273-2885, on the	smission g deposited with the Unit st class mail in an envelo above, or being facsimi date indicated below.	
Blue Bell, PA 1	9424-0001			Pat Oliver		(Depositor's name	
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FC: 800 PPLICATION NO.	00 DA FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/713,321		Clifford Shiroku Shimizu		MV03-006	1232		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/01/2009	
EXAM	INER-	ART UNIT	CLASS-SUBCLASS	一 :			
KOVALICK, VINCENT E 2629			345-001200				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(2) the name of a si registered attorney of 2 registered patent a listed, no name will	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	ess an assignce is identi h in 37 CFR 3.11. Comp INEE		•	patent. If an assigno an assignment. TY and STATE OR C	ce is identified below, the d	ocument has been filed f	
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent) :	☐ Individual 🖾 Co	rporation or other private gro	oup entity Governmen	
4a. The following fee(s) a	o small entity discount p	4t	b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3790 (enclose an extra copy of this form).				
• • •	SMALL ENTITY statu	s. Sec 37 CFR 1.27.	☐ b. Applicant is no l	onger claiming SMAL	L ENTITY status. Sec 37 Ci	FR 1.27(g)(2).	
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Authorized Signature	/James E. Goep		·	Date AUG	ust 25, 2009		
Typed or printed name	James E. Goepe	el		Registration No	o50,851		
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